

PENNIE & EDMONDS W DOCKET NO. 8932-598-999

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

BONE PLATE

and for which a patent application:

C is attached hereto and includes amendment(s) filed on *11/19/99*was filed in the United States on September 6, 2001 as Application No. 09/946,974 *(for determination and non-provisional application)*with amendment(s) filed on *11/19/99*was filed as PCT International Application No. PCT/CH199/00106 on March 9, 1999 and PCT/CH99/00107 on March 9, 1999, respectively, and was amended under PCT Article 19 on *11/19/99*

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
PCT/CH99/00106	Switzerland	March 9, 1999	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PCT/CH99/00107	Switzerland	March 9, 1999	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

* for use only when the application is assigned to a company, partnership or other organization.

(1)

DCI-30154.1

DEC 16 2001 11:05

BEST AVAILABLE COPY

11 02 644 11 73

PAGE 07

<p>I hereby declare that all statements made herein are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements made under oath are punishable by fine or imprisonment or both, in accordance with Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent pending thereon.</p>			
2 0 1	<p>FULL NAME OF INVENTOR WAGNER</p> <p>RESIDENCE & CITIZENSHIP City: Winn</p> <p>POST OFFICE ADDRESS Street: St. Charles Avenue #2</p>	<p>LAST NAME Wagner</p> <p>FIRST NAME Michael</p> <p>STATE OR FOREIGN COUNTRY Austria</p> <p>CITY Wien</p>	<p>WORKING NAME</p> <p>COUNTRY OF CITIZENSHIP Austria</p> <p>STATE OR COUNTRY Austria</p> <p>DATE Dec. 2001</p>
2 0 2	<p>FULL NAME OF INVENTOR FRIGG</p> <p>RESIDENCE & CITIZENSHIP City: Berlin</p> <p>POST OFFICE ADDRESS Street: Muesenstrasse 8</p>	<p>LAST NAME Frigg</p> <p>FIRST NAME Rudolf</p> <p>STATE OR FOREIGN COUNTRY Switzerland</p> <p>CITY Berlin</p>	<p>WORKING NAME</p> <p>COUNTRY OF CITIZENSHIP Switzerland</p> <p>STATE OR COUNTRY Switzerland</p> <p>DATE CH-2 2004</p>
1 0 3	<p>FULL NAME OF INVENTOR SCHAVAN</p> <p>RESIDENCE & CITIZENSHIP City: Willingen</p> <p>POST OFFICE ADDRESS Street: Postwegstrasse 3</p>	<p>LAST NAME Schavan</p> <p>FIRST NAME Rudolf</p> <p>STATE OR FOREIGN COUNTRY Germany</p> <p>CITY Willingen</p>	<p>WORKING NAME</p> <p>COUNTRY OF CITIZENSHIP Germany</p> <p>STATE OR COUNTRY Germany</p> <p>DATE DE-4 1977</p>
1 0 4	<p>FULL NAME OF INVENTOR</p> <p>RESIDENCE & CITIZENSHIP</p> <p>POST OFFICE ADDRESS</p>	<p>LAST NAME</p> <p>FIRST NAME</p> <p>STATE OR FOREIGN COUNTRY</p> <p>CITY</p>	<p>WORKING NAME</p> <p>COUNTRY OF CITIZENSHIP</p> <p>STATE OR COUNTRY</p> <p>DATE</p>
2 0 5	<p>FULL NAME OF INVENTOR</p> <p>RESIDENCE & CITIZENSHIP</p> <p>POST OFFICE ADDRESS</p>	<p>LAST NAME</p> <p>FIRST NAME</p> <p>STATE OR FOREIGN COUNTRY</p> <p>CITY</p>	<p>WORKING NAME</p> <p>COUNTRY OF CITIZENSHIP</p> <p>STATE OR COUNTRY</p> <p>DATE</p>

2	FULL NAME OF DONOR	LAST NAME WATNER	FIRST NAME Michael	MIDDLE NAME
	CITY Winn	STATE OR TERRITORY OR COUNTRY Australia	COUNTRY OF ORIGIN (if different) Australia	
	RESIDENCE & CITIZENSHIP			
	PORT OFFICE ADDRESS	STREET 2500/2600/2700/2800 St	CITY Winn	STATE OR TERRITORY OR COUNTRY Australia
		DATE OF BIRTH 14-11-50		
	SIGNATURE OF DONOR Michael Watner			
	DATE 17 Dec 1981			

202	FULL NAME OF INVENTOR	LAST NAME FRUGG	FIRST NAME Rudolf	RESIDENCE NUMBER
	RESIDENCE AND COMMUNICATIONS ADDRESS	CITY Bernach	STATE OR FEDERAL COUNTRY Switzerland	COUNTRY IS INDICATED Switzerland
	POST OFFICE ADDRESS	NUMBER Muesmattstrasse 8	CITY Bernach	STATE OR COUNTRY Switzerland
				EXP. NO. CH-3364
	SIGNATURE OF INVENTOR OR HIS ATTORNEY			DATE Sottsass, 19.11.2001

FULL NAME OF INVENTOR	Last name SCHAVAN	First Name Edgar	MIDDLE NAME
RESIDENCE IS CURRENTLY	CITY Wittlich Aargau	STATE OR PROVINCE COUNTRY Germany	CATEGORY OF INVENTION CHEMISTRY
POST OFFICE ADDRESS	1 Street Pagenstrasse 3	CITY Wittlich Aargau	STATE OR COUNTRY Germany
SIGNATURE OF APPLICANT OR			DATE RECEIVED Bochum-Werne, den 18. Dez. 2001

1 0 6	FULL NAME OF DEPORTEE	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITY AND STATE	CITY	HOUSE NO. OR MAILING ADDRESS		CITY/STATE/ZIP
	POST OFFICE ADDRESS	TITLE	CITY	STATE & ZIP	ZIP CODE
	SIGNATURE OF DEPORTEE OR				DATE

2 0 5	FULL NAME OF INVENTOR		LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP		CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS		STREET	CITY	STATE OR COUNTRY	ZIP CODE
	WORKING TITLE OF INVENTION FOR		TITLE			